

State of California
Department of Insurance
45 Fremont Street
San Francisco, California 94105
CALIFORNIA CODE OF REGULATIONS, TITLE 10
CHAPTER 5, SUBCHAPTER 3

ADOPT ARTICLE 20 TO READ:

Article 20. Standards Applicable to Workers' Compensation Claims Adjusters and Medical Billing Entities and Certification of those Standards by Insurers.

Section 2592 Authority and Purpose

These regulations are promulgated pursuant to authority granted to the Insurance Commissioner under the provisions of Section 11761 of the California Insurance Code. The purpose of these regulations is to set forth the minimum standards of training, experience, and skill that workers' compensation claims adjusters, including adjusters working for medical billing entities, must possess to perform their duties with regard to workers' compensation claims and to specify how insurers must meet and certify those standards to the Insurance Commissioner.

Note: Authority cited: Section 11761, Insurance Code. Reference cited: Section 11761, Insurance Code.

Section 2592.01 Definitions

As used in this article:

- (a) "Certify" means a written statement made under penalty of perjury.
- (b) "Claims adjuster" means a person who, on behalf of an insurer, including an employee or agent of an entity that is not an insurer, is responsible for determining the validity of a workers' compensation claim. The claims adjuster may also establish a case reserve, approve and process all workers' compensation benefits, may hire investigators, attorneys or other professionals and may negotiate settlements of claims. "Claims adjuster" also means a person who is responsible for the immediate supervision of a claims adjuster but does not mean an attorney representing the insurer or a person whose primary function is clerical. "Claims adjuster" also includes an experienced claims adjuster. "Claims adjuster" does not include the medical director or physicians utilized by an insurer for the utilization review process pursuant to Labor Code section 4610.
- (c) "Classroom" means any space sufficiently designed so that the instructor and students can communicate with a high degree of privacy and relative freedom from outside interference. The instructor or the person or persons assisting the instructor may be

physically present or may communicate with students by means of an electronic medium, including, but not limited to, audio, video, computer, or Internet.

(d) "Course" means any program of instruction taken or given to satisfy the requirements of Insurance Code Section 11761.

(e) "Curriculum" means a course of study that satisfies the requirements of Insurance Code Section 11761. The curriculum must provide sufficient content, including time allocated to each subject area, to enable claims adjusters, medical-only claims adjusters, and medical bill reviewers to meet minimum standards of training, experience, and skill to perform their duties with regard to workers' compensation claims.

(f) "Experienced claims adjuster" means a person who has had at least five (5) years within the past eight (8) years of on-the-job experience adjusting California workers' compensation claims or supervising claims adjusters handling California workers' compensation claims and is designated as an experienced claims adjuster by an insurer. A person who has successfully completed the written examination specified by Title 8, Section 15452 of the California Code of Regulations is an experienced claims adjuster, provided that he or she has either worked as a workers' compensation claims adjuster or supervised workers' compensation claims adjusters continuously since passing the examination and is designated as an experienced claims adjuster by an insurer or has passed the examination within the previous five (5) years and is designated as an experienced claims adjuster by an insurer. "Experienced claims adjuster" means a person who has already been trained and designated a claims adjuster and now meets the requirements of experience or examination completion noted above and is designated an experienced claims adjuster by an insurer.

(g) "Experienced medical-only claims adjuster" means a person who has had at least three (3) years within the past five (5) years of on-the-job experience adjusting California workers' compensation medical-only claims and is designated as an experienced medical-only claims adjuster by an insurer.

(h) "Experienced medical bill reviewer" means a person who has had at least three (3) years within the past five (5) years of on-the-job experience reviewing California workers' compensation medical bills and is designated as an experienced medical bill reviewer by a medical billing entity or by an insurer.

(i) "Instructor" means a person who conveys curriculum content to students on behalf of an insurer, a training entity, or a medical billing entity. An instructor shall have had at least five (5) years within the past eight (8) years of on-the-job experience adjusting California workers' compensation claims and have been designated as a claims adjuster by an insurer or be an individual who has had at least eight (8) years of experience in California workers' compensation within the past twelve (12) years. Persons knowledgeable about specific workers' compensation issues who are not instructors may train students under the direction of an instructor.

(j) "Insurer" means an insurance company admitted to transact workers' compensation insurance in California, the State Compensation Insurance Fund, an employer that has

secured a certificate of consent to self-insure from the Department of Industrial Relations pursuant to Labor Code Section 3700(b) or (c), or a third party administrator that has secured a certificate of consent pursuant to Labor Code Section 3702.1.

(k) "Medical bill reviewer" means a person who is not a claims adjuster or medical-only claims adjuster and who only reviews or adjusts workers' compensation medical bills on behalf of an insurer, including employees or agents of the insurer or employees or agents of a medical billing entity. "Medical bill reviewer" also includes an experienced medical bill reviewer.

(l) "Medical billing entity" means a third party that reviews or adjusts workers' compensation medical bills for insurers.

(m) "Medical-only claims adjuster" means a person who, on behalf of an insurer, including an employee or agent of an entity that is not an insurer, is responsible for determining the validity of a workers' compensation claim only involving medical workers' compensation benefits, as defined under Article 2 (commencing with Labor Code section 4600) of Chapter 2 of Part 2 of Division 4 of the Labor Code. The medical-only claims adjuster may also establish medical treatment reserves, approve and process medical benefits, and negotiate settlement of medical benefit claims. "Medical-only claims adjuster" also means a person who is responsible for the immediate supervision of a medical-only claims adjuster but does not mean an attorney representing the insurer or a person whose primary function is clerical. "Medical-only claims adjuster" also includes an experienced medical-only claims adjuster. "Medical-only claims adjuster" does not include the medical director or physicians utilized by an insurer for the utilization review process pursuant to Labor Code section 4610.

(n) "Post-designation training" means a course of study provided to trained or experienced workers' compensation claims adjusters and medical-only claims adjusters who have been designated by an insurer or trained or experienced medical bill reviewers who have been designated by an insurer or medical billing entity. Post-designation training also includes seminars, workshops, or other informational meetings pertaining to California workers' compensation.

(o) "Student" or "trainee" means an individual taking a course that is required for that person in order to be a workers' compensation claims adjuster, medical-only claims adjuster, or medical bill reviewer.

(p) "Training" means to provide a course of instruction that includes the topics specified in Sections 2592.03 and 2592.04.

(q) "Training entity" means any person or organization that provides instructors or curriculum to an insurer or medical bill review entity.

Note: Authority cited: Section 11761, Insurance Code. Reference cited: Section 11761, Insurance Code.

Section 2592.02 Training Required For Claims Adjusters and Medical-Only Claims Adjusters

(a) Every insurer shall require all claims adjusters and medical-only claims adjusters who handle workers' compensation claims on the insurer's behalf, other than those who are defined in subdivisions (f) and (g) of Section 2592.01, to be trained pursuant to these subparagraphs:

(1) The insurer shall require at least 160 hours of training for claims adjusters, at least 120 hours of which shall be conducted in a classroom with an instructor. The insurer shall require at least 80 hours of training for medical-only claims adjusters, at least 50 hours of which shall be conducted in a classroom with an instructor. Any training not conducted in a classroom with an instructor may be done on the job under the supervision of an instructor or an experienced claims adjuster.

(2) A medical-only claims adjuster who has completed 80 hours of training pursuant to this section may be designated as a claims adjuster upon completion of 80 additional hours of workers' compensation claims training, 70 hours of which shall be in a classroom with an instructor, provided that such training is completed within six months of the claims adjuster beginning to adjust claims that include more than medical benefits.

(b) The training required by this section shall be completed within a twelve (12) consecutive month period, during which time a claims adjuster or medical-only claims adjuster trainee may adjust claims under the supervision of an instructor or experienced claims adjuster. No individual may adjust claims on behalf of one or more insurers for a combined total of more than twelve (12) months unless such individual has been trained pursuant to this article. However, if a claims adjuster or medical-only claims adjuster trainee requires leave from his or her employment because of illness, disability, military service, or leave required or permitted by state or federal law, and the leave has begun after the training has started, the training shall be completed within a period not to exceed 24 months after the commencement of the training.

(c) Any classes or courses taken within three (3) years before the effective date of these regulations that satisfy the curriculum requirement may be used to meet the hourly requirements upon verification by the student to the insurer of the type of course taken, the course of study, the date or dates taken, the person or organization providing the class or course, and the number of hours taken.

(d) Upon the effective date of these regulations, every insurer shall require a minimum of 30 hours of post-designation training every two (2) years for all claims adjusters and 20 hours of training every two (2) years for all medical-only claims adjusters.

(e) Post-designation training may include seminars, workshops, or other informational meetings pertaining to California workers' compensation and need not be in a classroom with an instructor. Such training shall be verified by the insurer with the type of course

taken, the subject matter, the date or dates taken, the location of the training, the person or organization providing the training, and the number of hours taken.

(f) Failure of a claims adjuster or medical-only claims adjuster who has received a designation pursuant to subdivisions (a) or (b) of section 2592.05 to fulfill the requirements for post-designation training every two years pursuant to subdivisions (d) and (e) above shall result in that person being no longer considered a designated claims adjuster or medical-only claims adjuster. That person shall not be authorized to adjust claims until the requisite number of hours of post-designation training is completed.

(g) The insurer may provide the designation training directly or by sending its employees or its agents to be trained by a training entity for the entire designation curriculum. An insurer shall certify to the Insurance Commissioner that the course of instruction provided for meets all the requirements set forth in this article and that all of the claims adjusters and medical-only claims adjusters who adjust claims on behalf of the insurer have actually attended the training for the required number of hours.

(h) A claims adjuster or medical-only claims adjuster who has completed the training required by this section shall not be required to be re-trained and re-designated in order to adjust claims for a different insurer.

(i) An insurer may not authorize an individual to act in the capacity of claims adjuster or medical-only claims adjuster who has not been trained pursuant to this article or who is not an experienced claims adjuster, except that an individual who is undergoing training may adjust claims under the direct supervision of an instructor or experienced claims adjuster.

Note: Authority cited: Section 11761, Insurance Code. Reference cited: Section 11761, Insurance Code.

Section 2592.03 Curriculum

(a) The course of study required by Section 2592.02 for claims adjusters shall include but not be limited to the following topics:

- (1) Historical overview of the workers' compensation system.
- (2) Organizational structure of the system.
- (3) The workers' compensation insurance policy, its forms and endorsements, insurance principles of compensation.
- (4) Concepts and terminology.
- (5) Benefit provisions.
- (6) Compensability.
- (7) Notice requirements.
- (8) Temporary disability.

- (9) Permanent disability, including evaluation and rating.
- (10) Death benefits.
- (11) Return to work and vocational rehabilitation.
- (12) Cumulative trauma.
- (13) Serious and willful misconduct.
- (14) Workers' Compensation Appeals Board procedures, forms, hearings, and penalties.
- (15) Investigation.
- (16) Fraud.
- (17) Medical terminology.
- (18) Knowledge and use of utilization guidelines (American College of Occupational and Environmental Medicine or other guidelines approved by the Administrative Director of the Division of Workers' Compensation.)
- (19) Medical evidence.
- (20) Medical dispute resolution (Qualified Medical Examiners, spinal surgery second opinions, pre-designation of physicians, independent medical reviewers, utilization review.)
- (21) Fee schedules.
- (22) Liens.
- (23) Apportionment.
- (24) Subrogation.
- (25) Reserving.
- (26) Ethical issues.

(b) The course of study required for the training of medical-only claims adjusters shall include, at a minimum all the topics specified in subdivision (a), above, with the exception of (8), (9), (10), (11), (13), and (23).

(c) The course of study required by Section 2592.02(d) for post-designation training shall include changes in the law that affect workers' compensation claims and any other topics relevant to the work of a claims adjuster or medical-only claims adjuster as specified in subdivision (a) above.

Note: Authority cited: Section 11761, Insurance Code. Reference cited: Section 11761, Insurance Code.

Section 2592.04 Training Required for Medical Bill Reviewers

(a) Every insurer shall require all medical bill reviewers, other than those defined in section 2592.01(h), including employees and agents of medical billing entities used by the insurer, to be trained. The insurer shall require at least 40 hours of training for medical bill reviewers, at least 30 hours of which shall be conducted in a classroom by an instructor. No more than ten (10) hours of training may be done on the job.

(b) The training required by this section shall be completed within a twelve (12) month period, during which time a medical bill review trainee may review bills under the supervision of an instructor, experienced medical bill reviewer, or experienced claims adjuster. No individual may review medical bills on behalf of one or more insurers for a combined total of more than twelve (12) months unless the individual has been trained pursuant to this article.

(c) Any classes or courses taken within one (1) year before the effective date of these regulations that satisfy the curriculum requirement of subdivision (h) below may be used to meet the hourly requirements upon verification by the student to the insurer or medical billing entity of the type of course taken, the course of study, the date or dates taken, the person or organization providing the class or course, and the number of hours taken.

(d) Upon the effective date of these regulations, every insurer shall require a minimum of 16 hours every two (2) years of post-designation training for all medical bill reviewers and shall include changes in the law affecting medical bill reviewers and topics as specified in subdivision (h) below.

(e) Failure of a medical bill reviewer designated pursuant to subdivisions (a) or (c) of section 2592.05 to fulfill the requirements for post-designation training every two years pursuant to subdivision (c) above shall result in that person being no longer considered a designated medical bill reviewer. That person shall not be authorized to review medical bills until the requisite number of hours of post-designation training is completed.

(f) The insurer may provide the designation training directly or by sending its employees or agents to be trained by a training entity for the entire designation curriculum. The insurer shall require all medical billing entities that review or adjust medical billings on its behalf to have the medical billing entities' employees or agents trained directly by the medical billing entity, the insurer, or by a training entity for the entire designation curriculum. The insurer shall certify that the course of instruction provided or that is provided by its medical billing entities meets all the requirements set forth in this article and that all medical bill reviewers of the insurer and its medical billing entities have actually attended the training for the required number of hours.

(g) A medical bill reviewer who has received a designation as having completed the training required by this article shall not be required to be re-trained and re-designated in order to review medical bills for a different insurer.

(h) The curriculum for the training of medical bill reviewers shall include, but not be limited to, the following topics:

- (1) The correct use of billing codes and detection of improper use of billing codes.
- (2) All fee schedules applicable in California to workers' compensation medical care, including statutes and regulations authorizing the fee schedules.
- (3) Workers' compensation benefit provisions.
- (4) Fraud.
- (5) Medical terminology.
- (6) Utilization guidelines (American College of Occupational and Environmental Medicine or other guidelines approved by the Administrative Director of the Division of Workers' Compensation.)
- (7) Medical evidence.
- (8) Liens.
- (9) Ethical issues.

(i) An insurer may not authorize an individual to act in the capacity of a medical bill reviewer who has not been trained pursuant to this article or who is not an experienced medical bill reviewer, except that an individual who is undergoing training may review medical bills under the direct supervision of an instructor, experienced medical bill reviewer or experienced claims adjuster.

Note: Authority cited: Section 11761, Insurance Code. Reference cited: Section 11761, Insurance Code.

Section 2592.05 Designation

(a) A Designation shall be provided by the insurer to any person who successfully completes the claims adjuster, medical-only claims adjuster, or medical bill review training required by section 2592.03 or section 2592.04, respectively. The Designation for a claims adjuster, medical-only claims adjuster or a medical bill reviewer shall be in the form specified in Section 2592.10 or 2592.11, respectively.

(b) An Experienced Claims Adjuster or Experienced Medical-Only Claims Adjuster Designation shall be provided by the insurer to a person as defined in Section 2592.01 (f) or (g), respectively. The Experienced Claims Adjuster or Experienced Medical-Only Claims Adjuster Designation shall be in the form specified in Section 2592.12.

(c) An Experienced Medical Bill Reviewer Designation shall be provided by the insurer to a person as defined in Section 2592.01(h). The Experienced Medical Bill Reviewer Designation shall be in the form specified in Section 2592.13.

(d) An insurer shall provide to the claims adjuster, medical-only claims adjuster or medical bill reviewer a Post-Designation Training Form that states the course and hours taken for the post-designation training following the completion of the required training. The Post-Designation Training Form shall be on the form specified in Section 2592.14.

(e) A medical billing entity may provide medical bill reviewer and experienced medical bill reviewer designations and post-designation training forms to its employees or agents that meet the requirements of this article so long as the insurer using the medical billing entity confirms that the medical billing entity has met all requirements of this article and obtains copies of all records required by this article.

Note: Authority cited: Section 11761, Insurance Code. Reference cited: Section 11761, Insurance Code.

Section 2592.06 Maintenance of Records

(a) An insurer shall maintain copies of the Designation forms pertaining to trained and experienced claims adjusters, medical-only claims adjusters and medical bill reviewers in its employ or acting on its behalf, notwithstanding whether or not that person was designated by it or was employed or trained by or on behalf of another insurer or a medical billing entity, as long as the claims adjuster, medical-only claims adjuster, or medical bill reviewer is in its employ or acting on its behalf and thereafter for five (5) years.

(b) An insurer shall maintain copies of the Post-Designation Training forms as long as the claims adjuster, medical-only claims adjuster, or medical bill reviewer is in its employ or acting on its behalf, notwithstanding whether or not that person received post-designation training by it or was employed or trained by or on behalf of another insurer or medical billing entity, and thereafter for five (5) years.

(c) If a trained or experienced claims adjuster, medical-only claims adjuster, or medical bill reviewer is employed by or works on behalf of an insurer that did not designate that person as being qualified, the insurer that issued the designation shall send copies of the forms to the insurer that is employing or for whom the claims adjuster, medical-only claims adjuster, or medical bill reviewer is working on behalf of within 20 working days after a request for the forms has been received.

(d) All insurers shall maintain a record of all courses given or taken by claims adjusters, medical-only claims adjusters, or medical bill reviewers to comply with this article. The record shall include:

(1) The name and business address of all students, along with the beginning and ending date of the training of the student and a statement stating whether or not the student has completed the training in all topic areas required to be covered.

(2) A complete description of the curriculum, including all topics covered with a detailed statement of how much time was spent training students in each topic, the name of the entity providing the instruction, and the name of the instructor or instructors and any persons who instructed under the direction of the instructor.

(e) All insurers shall maintain a record of all post-designation courses, seminars, workshops, or other training taken by claims adjusters, medical-only claims adjusters, and medical bill reviewers employed by or acting on their behalf. The record shall also include the dates of such training, the time spent in the training, and the topics covered.

(f) All records maintained pursuant to this article shall be made available to the Insurance Commissioner and to the Administrative Director of the Division of Workers' Compensation. Copies of all designation forms maintained pursuant to the article and issued to a claims adjuster, medical-only claims adjuster, or medical bill reviewer shall be provided by the insurer that issued the forms to that person within 20 working days of a request for copies of the forms from the claims adjuster, medical-only claims adjuster, or medical bill reviewer.

(g) Upon request by a policyholder or an injured worker whose claim is being adjusted, the insurer employing the claims adjuster, medical-only claims adjuster, or medical bill reviewer, or for whom the claim is being adjusted on behalf of, shall provide a copy of that claims adjuster's, medical-only claims adjuster's, or medical bill reviewer's Designation form to the requesting policyholder or injured worker demonstrating that person's qualifications in adjusting that claim.

Note: Authority cited: Section 11761, Insurance Code. Reference cited: Section 11761, Insurance Code.

Section 2592.07 Certification and Submission of Documents

(a) Each insurer shall submit to the commissioner annually by July 1 of each year a document certifying the following:

- (1) the total number of persons adjusting claims on its behalf;
- (2) the total number of claims adjusters and medical-only claims adjusters who are trained or experienced;
- (3) the percentage of the claims adjusters and medical-only claims adjusters who are trained or experienced;
- (4) all persons adjusting claims on behalf of the insurer are designated to do so or are in training; and
- (5) the course of instruction provided for training of all claims adjusters and medical-only claims adjusters meets all requirements of this article and that all claims adjusters and medical-only claims adjusters have attended training for the required number of hours to be qualified to adjust workers' compensation claims.

The document, which shall be on the form specified in Section 2592.08, shall be signed under penalty of perjury by the person or executive officer responsible for the insurer's claims operations. The commissioner shall publish the information contained in this document on the Department of Insurance public website.

(b) Each insurer shall submit to the commissioner annually by July 1 of each year a document certifying the following:

- (1) the total number of medical bill reviewers reviewing medical bills on its behalf;
- (2) the total number of medical bill reviewers who are trained or experienced;

- (3) the percentage of the medical bill reviewers who are trained or experienced medical bill reviewers;
- (4) all persons reviewing medical bills on its behalf are designated to do so or are in training; and
- (5) the course of instruction provided for training of all medical bill reviewers of the insurer and of medical billing entities used by the insurer meet all requirements set forth in this article and that all medical bill reviewers of the insurer and of medical billing entities used by the insurer have attended training for the required number of hours to be qualified to perform medical bill review.

The document, which shall be on the form specified in Section 2592.09, shall be signed under penalty of perjury by the person or executive officer responsible for the insurer's claims operations. The commissioner shall publish the information contained in this document on the Department of Insurance public website.

Note: Authority cited: Section 11761, Insurance Code. Reference cited: Section 11761, Insurance Code.

Section 2592.08 Insurer Annual Certification Form—Claims Adjusters and Medical-Only Claims Adjusters

ANNUAL CERTIFICATION OF CLAIMS ADJUSTERS AND MEDICAL-ONLY CLAIMS ADJUSTERS

To the Insurance Commissioner of the State of California
Pursuant to California Insurance Code Section 11761 and California Code of Regulations
Title 10 Section 2592.02 and 2592.07

As the person or officer responsible for the claims operation of:

(Name of Insurer)

☐ Insurance Company ☐ Self-Insured Employer ☐ Third-Party Administrator
(Check One)

I hereby certify the following regarding California workers' compensation claims:

1. The total number of persons adjusting claims on this insurer's behalf is: _____.
2. The total number of experienced or trained claims adjusters and medical-only claims adjusters adjusting claims on the insurer's behalf is: _____.
3. The percentage of experienced or trained claims adjusters and medical-only claims adjusters adjusting claims on the insurer's behalf is: _____%

4. All persons adjusting claims on behalf of this insurer are designated to do so or are in training.

5. The course of instruction provided for training of all claims adjusters and medical-only claims adjusters meets all requirements set forth in Article 20 of California Code of Regulations Title 10 (beginning with Section 2592), and that all claims adjusters and medical-only claims adjusters have attended training for the required number of hours to be qualified to adjust workers' compensation claims.

I certify under the penalty of perjury under the laws of the State of California that the foregoing is true and correct:

(Date and Place)

(Signature)

Name of person certifying (print or type):

Title of person certifying:

Business address:

Note: Authority cited: Section 11761, Insurance Code. Reference cited: Section 11761, Insurance Code.

Section 2592.09 Insurer Annual Certification Form—Medical Bill Reviewers

ANNUAL CERTIFICATION OF MEDICAL BILL REVIEWERS

To the Insurance Commissioner of the State of California
Pursuant to California Insurance Code Section 11761 and California Code of Regulations
Title 10 Section 2592.04 and 2592.07

As the person or officer responsible for the claims operation of:

(Name of Insurer)

☐ Insurance Company

☐ Self-Insured Employer

☐ Third-Party Administrator

(Check One)

I hereby certify the following regarding California workers' compensation claims:

1. The total number of persons reviewing medical bills on this insurer's behalf is: _____.

2. The total number of experienced or trained medical bill reviewers reviewing medical bills on this insurer's behalf is: _____.

3. The percentage of experienced or trained medical bill reviewers reviewing medical bills on this insurer's behalf is: _____%

4. All persons reviewing medical bills on behalf of this insurer are designated to do so or are in training.

5. The course of instruction provided for training of all medical bill reviewers of this insurer and of medical billing entities used by this insurer meet all requirements set forth in Article 20 of California Code of Regulations Title 10 (beginning with Section 2592), and that all medical bill reviewers of this insurer and of medical billing entities used by this insurer have attended training for the required number of hours to be qualified to perform medical bill review.

I certify under the penalty of perjury under the laws of the State of California that the foregoing is true and correct:

(Date and Place)

(Signature)

Name of person certifying (print or type):

Title of person certifying:

Business address:

Note: Authority cited: Section 11761, Insurance Code. Reference cited: Section 11761, Insurance Code.

Section 2592.10 Designation—Claims Adjuster and Medical-Only Claims Adjuster

**CLAIMS ADJUSTER or MEDICAL-ONLY CLAIMS ADJUSTER
DESIGNATION**

This Designation is awarded to

(Adjuster's Name)

for: ☐ **Claims Adjuster** ☐ **Medical-Only Claims Adjuster**
(Check Only One)

as a result of successfully completing the required hours for workers' compensation training pursuant to California Insurance Code Section 11761 and California Code of Regulations Title 10 Sections 2592.02 and 2592.03

Total Hours of Training Completed: _____

Designation Given By:

(Name of Insurance Company, Self-Insured Employer, or Third-Party Administrator)

(Date)

(Signature)

Name of person awarding designation (print or type):

Title of person awarding designation:

Business address:

Note: Authority cited: Section 11761, Insurance Code. Reference cited: Section 11761, Insurance Code.

Section 2592.11 Designation—Medical Bill Reviewer

MEDICAL BILL REVIEWER DESIGNATION

This Designation is awarded to

(Medical Bill Reviewer's Name)

for Medical Bill Reviewer Training

as a result of successfully completing the required hours for workers' compensation training pursuant to California Insurance Code Section 11761 and California Code of Regulations Title 10 Sections 2592.04

Total Hours of Training Completed: _____

Designation Given By:

(Name of Insurer or Medical Billing Entity)

(Date)

(Signature)

Name of person awarding designation (print or type):

Title of person awarding designation:

Business address:

Note: Authority cited: Section 11761, Insurance Code. Reference cited: Section 11761, Insurance Code.

Section 2592.12 Designation—Experienced Claims Adjuster and Medical-Only Claims Adjuster

EXPERIENCED CLAIMS ADJUSTER OR EXPERIENCED MEDICAL-ONLY CLAIMS ADJUSTER DESIGNATION

This Designation is awarded to

(Adjuster's Name)

for: ☐ Experienced Claims Adjuster

☐ Experienced Medical-Only Claims Adjuster

(Check Only One)

as a result of meeting the experience requirements for workers' compensation claims experience pursuant to California Insurance Code Section 11761 and California Code of Regulations Title 10 Sections 2592.01 and 2592.05

Total Years of California Experience At Time of Designation: _____

and/or

Date Completed Examination Pursuant to Title 8, CCR Section 15452: _____

Designation Given By:

(Name of Insurance Company, Self-Insured Employer, or Third-Party Administrator)

(Date)

(Signature)

Name of person awarding designation (print or type):

Title of person awarding designation:

Business address:

Note: Authority cited: Section 11761, Insurance Code. Reference cited: Section 11761, Insurance Code.

Section 2592.13 Designation—Experienced Medical Bill Reviewer

EXPERIENCED MEDICAL BILL REVIEWER DESIGNATION

This Designation is awarded to

(Medical Bill Reviewer's Name)

for Experienced Medical Bill Reviewer

as a result of meeting the requirements for workers' compensation medical bill reviewing experience pursuant to California Insurance Code Section 11761 and California Code of Regulations Title 10 Sections 2592.01 and 2592.05

Total Years of California Experience At Time of Designation: _____

Designation Given By:

(Name of Insurer or Medical Billing Entity)

(Date)

(Signature)

Name of person awarding designation (print or type):

Title of person awarding designation:

Business address:

Note: Authority cited: Section 11761, Insurance Code. Reference cited: Section 11761, Insurance Code.

Section 2592.14 Post—Designation Training Form

POST-DESIGNATION TRAINING FORM

(Adjuster's or Medical Bill Reviewer's Name)

☐ **Claims Adjuster** ☐ **Medical-Only Claims Adjuster** ☐ **Medical Bill Reviewer**
(Check Only One)

has successfully completed the post-designation workers' compensation training and hours noted below pursuant to California Insurance Code Section 11761 and California Code of Regulations Title 10 Sections 2592.02 , 2592.03, 2592.04, and 2592.05

Name and Topic of Post-Designation Training Taken:

Total Hours of Post-Designation Training Completed: _____

Date of Post-Designation Training: _____

Post-Designation Training Verified By:

(Name of Insurer or Medical Billing Entity)

(Date)

(Signature)

Name of person verifying training (print or type):

Title of person verifying:

Business address:

Note: Authority cited: Section 11761, Insurance Code. Reference cited: Section 11761, Insurance Code.